

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**Immunization Exemptions and**  
**Vaccine Preventable Disease Exclusion Guidelines in School Settings**

**Definition of Allowable Exemptions**

There are two situations in which children who are not appropriately immunized may be admitted to school:

- 1) a **medical exemption** is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; and
- 2) a **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

**Philosophical exemptions are not allowed by law in Massachusetts, even if signed by a physician. Only medical and religious exemptions are acceptable. These exemptions must be kept in the students' files at school (105 CMR 220.000 and M.G.L. c.76, ss. 15, 15C and 15D).**

**Policies for Exclusion at School Entry**

While the laws and regulations state that **unimmunized** children who do not meet criteria for medical or religious exemption “shall **not** be admitted to school,” policies around enforcement of exclusion for unimmunized or partially immunized children are developed by individual schools/school districts.

The only exception for exclusion of unimmunized or partially immunized children who do not have documentation of a medical or religious exemption is in the case of homeless children, whereby they cannot be denied entry to school if they do not have their immunization records. The federal McKinney-Vento Homeless Assistance Act states that if a homeless student does not have proper documentation of immunizations or any medical records, the Homeless Education Liaison at your school must immediately assist in obtaining them, and the student must be enrolled and permitted to attend school in the interim (as cited in the McKinney-Vento Homeless Assistance Act of 2001).

**Exclusion During Disease Outbreaks**

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptibles, **including those with medical or religious exemptions**, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

The reporting and control of diseases identified as posing a risk to the public health is prescribed by state regulation and law. The Isolation and Quarantine Requirements establish isolation and quarantine requirements for cases of certain diseases and their contacts in certain high-risk situations, including the school setting. The following table outlines several of the more common childhood vaccine-preventable diseases identified in the requirements that may occur in schools and the corresponding exclusion requirements.

## Exclusion Guidelines for Select Vaccine-Preventable Diseases in a School Setting

Disease	Case	Symptomatic Contact	Asymptomatic Contact
<b>Measles</b>	Exclude student/staff through 4 days after onset of rash (Count the day of rash onset as day zero.)	Same as for a case.	<p>If one case: exclude susceptibles<sup>1</sup> from work or classes from the 5<sup>th</sup> through the 21<sup>st</sup> day after their exposure.</p> <p>If multiple cases or continuous exposure: exclude susceptibles<sup>1</sup> through the 21<sup>st</sup> day after rash onset in the last case.</p> <p>These restrictions remain even if the contact received immune globulin (IG). Additional control measures may be recommended by the Department.</p>
<b>Mumps</b>	Exclude student/staff through 9 days after onset of gland swelling. (Count the initial day of gland swelling as day zero.)	Same as for a case.	<p>If one case: exclude susceptibles<sup>2</sup> from work or classes from the 12<sup>th</sup> through the 26<sup>th</sup> day after their exposure.</p> <p>If multiple cases: exclude susceptibles<sup>2</sup> through 26 days after the onset of the last case at the school or workplace. Additional control measures may be recommended by the Department.</p>
<b>Rubella</b>	Exclude student/staff through 7 days after rash onset. (Count the day of rash onset as day zero.)	Same as for a case.	<p>If one case: exclude susceptibles<sup>3</sup> from work or classes from the 7<sup>th</sup> through the 21<sup>st</sup> day after last exposure.</p> <p>If multiple cases: exclude susceptibles<sup>3</sup> until 21 days after the onset of the last case at the school or workplace. Additional control measures may be recommended by the Department.</p>
<b>Pertussis</b>	Exclude student/staff until 21 days from onset of cough or 5 days after initiation of appropriate antibiotic therapy.	Same as for a case.	<p>If a susceptible<sup>4</sup> is exposed within the last 21 days, s/he should receive antibiotic prophylaxis but no exclusion is generally required in the school setting.</p> <p>In certain situations deemed to be high risk, the MDPH may require exclusion of asymptomatic contacts not receiving antibiotic prophylaxis and/or other contacts, and/or may extend the exclusion period beyond 21 days up to a maximum of 42 days.</p>

<b>Disease</b>	<b>Case</b>	<b>Symptomatic Contact</b>	<b>Asymptomatic Contact</b>
<b>Varicella</b>	If vesicles are present, exclude until all lesions have dried and crusted over, or until no new lesions appear, usually by the 5 <sup>th</sup> day after rash onset. (Count the day of rash onset as day zero.) If no vesicles are present, exclude until the lesions have faded (i.e. the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.	Same as for a case.	<p>Susceptibles<sup>5</sup> shall be excluded from work or classes from the 10<sup>th</sup> through the 21<sup>st</sup> days after their exposure to the case while infectious with rash (not including the prodrome).</p> <p>If the exposure was continuous, susceptibles shall be excluded from the 10<sup>th</sup> through the 21<sup>st</sup> days after the case's rash onset.</p> <p>In high-risk settings, the MDPH may impose more rigorous exclusion criteria.</p> <p>Anyone receiving varicella zoster immune globulin (VZIG) or intravenous immune globulin (IVIG) shall extend their exclusion to 28 days post exposure.</p>

## Definition of Susceptibles

<sup>1</sup> **Measles** - Susceptibles include all those born in or after 1957 without: 1) written documentation of at least 2 doses of measles-containing vaccine; or 2) laboratory evidence of immunity. In an outbreak setting, all those with 0 or 1 dose may avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune. However, this should **not** be considered proof of immunity for students and health care workers\*.

<sup>2</sup> **Mumps** - Susceptibles include all those born in or after 1957 without: 1) written documentation of at least 1 dose of mumps-containing vaccine (2 doses of mumps-containing vaccine are now recommended); or 2) laboratory evidence of immunity. In an outbreak setting, those with 0 or 1 dose may avoid exclusion if they promptly receive a dose. A 2nd dose may be required during outbreaks. Those born in the United States before 1957 are considered immune. However, this should **not** be considered proof of immunity for students and health care workers\*.

<sup>3</sup> **Rubella** - Susceptibles include all those born in or after 1957 without: 1) written documentation of 1 dose of rubella-containing vaccine; or 2) laboratory evidence of immunity. In an outbreak situation, all those with no doses may avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune. However, this should **not** be considered proof of immunity for students and health care workers\*.

<sup>4</sup> **Pertussis** - Susceptibles include all those exposed, regardless of their age, immunization status, or past history of disease. Please note that the definition of those exposed has changed. Please see the pertussis chapter in the MDPH Guide to Surveillance and Reporting.

<sup>5</sup> **Varicella** - Susceptibles include all those born in the United States in or after 1980 without: 1) documentation of age-appropriate vaccination against chickenpox (for those age 1-12 years at first vaccination: 1 dose; for those age  $\geq 13$  years at first vaccination: 2 doses given  $\geq 1$  month apart); or 2) laboratory evidence of immunity or laboratory confirmation of disease; or 3) a health care provider diagnosis of varicella or health care provider verification of history of varicella disease; or 4) history of herpes zoster based on health care provider diagnosis. In an outbreak setting, a 2nd dose of varicella is recommended for all those who have only received 1 dose. Those born in the United States before 1980 are considered immune. However, this should **not** be considered proof of immunity for health care workers\*.

\* In addition, it is **not** recommended to use year of birth for pregnant women and immunocompromised persons. For their own protection, these individuals – regardless of their year of birth or other documentation of immunity – should be referred to their health care providers for evaluation.

Remember, these are exclusion guidelines for school settings only. More rigorous criteria for immunity and exclusion and other control measures are needed in health care and other high-risk settings, and are outlined in other MDPH documents.

There are three additional references that may be helpful to school health personnel: 1) the *Guide to Surveillance and Reporting (2006)* can be obtained by calling the Division of Epidemiology and Immunization at the Massachusetts Department of Public Health (MDPH) at (617) 983-6800 or on the MDPH Website at [www.mass.gov/dph/](http://www.mass.gov/dph/); 2) the *Comprehensive School Health Manual* can be obtained by writing to the State House Bookstore, Room 116, Boston, MA 02133 or calling (617) 727-2834; and 3) the *Health and Safety in Child Care Manual* can be obtained by writing to the State House Bookstore, Room 116, Boston, MA 02133, or by calling (617) 727-2834.